



2026 Westerville Area Chamber Music & Arts Festival Volunteer Waiver

Name: _____

Age (if under 18): _____

Address: _____

Phone: _____

Business or Organization (if applicable): _____

All volunteers must sign this waiver. Volunteers under the age of eighteen (18) must also have a parent or guardian sign this waiver.

I understand that I am going to participate as a volunteer for the Westerville Area Chamber Music and Arts Festival on Friday July 10, Saturday July 11, and/or Sunday July 12, 2026. I understand that I am responsible for all of my behavior and actions and that I will only perform volunteer work that I feel physically capable of performing. In consideration of my acceptance as a participant in the Westerville Area Chamber Music and Arts Festival, I hereby release the Westerville Area Chamber of Commerce and its officials, employees, agents, representatives, and sponsors from any and all claims that may arise as a result of my participation in the Westerville Area Chamber Music and Arts Festival.

Signature of Volunteer

Date _____

Parent/Guardian Signature (if you are under the age of eighteen)

Date _____

In case of an emergency, please contact:

First and Last Name

Phone Number
